



State of Washington  
Department of Ecology  
Wastewater Certification Program

**Application for Course Relevancy Review and  
Continuing Education Unit (CEU) Assignment Confirmation**

All continuing Education Unit (CEU) assignments made by trainers or sponsors of training shall conform to the criteria and guidelines of the International Association for Continuing Education and Training (IACET). The Department of Ecology will not be making CEU assignments. **Ecology will review your training or course for relevancy to the wastewater profession, determine how many CEUs to accept (total assigned or some lesser amount), and notify you of the action taken.**

Please complete the following questions.

Has this course been evaluated previously? \_\_\_\_\_

If yes, by what state/organization and when? \_\_\_\_\_

How many CEUs were assigned/accepted for this course? \_\_\_\_\_

Was this course evaluated and assigned CEUs previously under a different title? \_\_\_\_\_

If yes, provide former title. \_\_\_\_\_

**If this course was reviewed by the Washington Environmental Training Resource Center (WETRC) or Ecology previously and CEUs were assigned and accepted, you do not need to complete the entire form. Complete only the questions with asterisk, questions 1, 2, 3, and 6.**

Training provided by the Water Environment Federation, California State University, Sacramento (Ken Kerri Correspondence Courses), and certain others will not require review by Ecology. Call (206) 438-7043 for more information.

**Complete the remainder of the form for all new training and courses.**

\*1. Course dates: Starting \_\_\_\_\_ Completion \_\_\_\_\_

\*2. Course sponsor:

Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone No. \_\_\_\_\_

\*3. Course Title

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Course Location

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5. Course Outline

Attach training brochure/course syllabus which includes topics to be presented or provide detail.  
Use Attachment A for multiple presenters.

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\*6. Course Instructor(s):

Provide names/titles and description of qualification verifying competence in subject matter or complete Attachment B.

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7. Course Timeline:

Attach Time Schedule, provide detail or use Attachment C.

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8. Course Text:

Provide titles of text books or reference materials if any used.

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9. Course Purpose:

How does this training relate to the operation, maintenance or management of a wastewater treatment plant?

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10. Course Attendance:

How will attendance be monitored and verified?

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11. Course Assessment:

How will participant achievement of learning be measured?

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12. CEU Assignment:

\* One CEU is awarded for each 10 contact hours of instruction.

\* The 60-minute clock hour is used as the contact hour.

\* Any fractional portion of an instructional hour is not counted (for example, 1.2 CEUs are assigned to 12, 12½, or 12¾ contact hours).

\_\_\_\_\_ CEUs are assigned to this course.

Course sponsor certifies by signature that all information is true and correct and that a permanent record of participation will be maintained for each course participant.

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Signature

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Date

Return completed form to: Tammie McClure  
Department of Ecology  
Wastewater Certification Program  
P.O. Box 47600  
Olympia, WA 98504-7600



**State of Washington  
Department of Ecology  
Wastewater Certification Program**

**Attachment A  
Session Description\***

Course Title\_\_\_\_\_

Course Date \_\_\_\_\_

Chair or Proctor\_\_\_\_\_

Session\_\_\_\_\_

1. Name\_\_\_\_\_

Employer\_\_\_\_\_

Subject\_\_\_\_\_

Background of instructor\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name\_\_\_\_\_

Employer\_\_\_\_\_

Subject\_\_\_\_\_

Background of instructor\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Name\_\_\_\_\_

Employer\_\_\_\_\_

Subject\_\_\_\_\_

Background of instructor\_\_\_\_\_

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\_\_\_\_\_

4. Name\_\_\_\_\_

Employer\_\_\_\_\_

Subject\_\_\_\_\_

Background of instructor\_\_\_\_\_

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\_\_\_\_\_

5. Name\_\_\_\_\_

Employer\_\_\_\_\_

Subject\_\_\_\_\_

Background of instructor\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Name\_\_\_\_\_

Employer\_\_\_\_\_

Subject\_\_\_\_\_

Background of instructor\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*Note: For multiple presenters in a session or “block” of instruction, list background of instructors which qualifies them to conduct the specific course being evaluated.



State of Washington  
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Attachment B  
Instructor Background and Information Form

Presentation Title \_\_\_\_\_

Presenter \_\_\_\_\_

Job Title \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Summary of lesson content \_\_\_\_\_

Learning Objectives \_\_\_\_\_

**Professional Background:** *Note: A brief (2 page max) resume may be submitted in lieu of the following data. Please be sure resume includes all requested information. Qualifications should be as related to your presentation.*

Primary Responsibilities \_\_\_\_\_

Related Previous Employment (Firm Name, Title, and Date) \_\_\_\_\_

Education (Colleges and Degrees) \_\_\_\_\_

Professional Registration/Certification \_\_\_\_\_

Related papers/instruction you have presented:

Title \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

Professional Organizations/Activities

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Course Sponsor

Signature of Instructor \_\_\_\_\_ Date \_\_\_\_\_



**State of Washington**  
**Department of Ecology**  
**Wastewater Certification Program**

**Attachment C**  
**Time Schedule**

Day One			Day Two		
Time	Topic	Presenter	Time	Topic	Presenter
8:00			8:00		
8:15			8:15		
8:30			8:30		
8:45			8:45		
9:00			9:00		
9:15			9:15		
9:30			9:30		
9:45			9:45		
10:00			10:00		
10:15			10:15		
10:30			10:30		
10:45			10:45		
11:00			11:00		
11:15			11:15		
11:30			11:30		
11:45			11:45		
12:00			12:00		
12:15			12:15		
12:30			12:30		
12:45			12:45		
1:00			1:00		
1:15			1:15		
1:30			1:30		
1:45			1:45		
2:00			2:00		
2:15			2:15		
2:30			2:30		
2:45			2:45		
3:00			3:00		
3:15			3:15		
3:30			3:30		
3:45			3:45		
4:00			4:00		
4:15			4:15		
4:30			4:30		
4:45			4:45		
5:00			5:00		
Other Time			Other Time		



**State of Washington  
Department of Ecology  
Wastewater Certification Program**

**Attachment D  
Sample Certificate**

**Acme School of Environmental Training**

This is to certify that

*John Smith*

has successfully completed a program in the

**Operation of Wastewater Treatment Plants**

March 16, 17, and 18, 1992

Earning two (2) Continuing Education Units

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Instructor

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Director of Program

Acme School of Environmental Training  
123 Center Street  
Happy Town, Washington 98000